

**APPLICATION FOR MEMBERSHIP**  
**Columbia County Emergency Management Agency**  
**Dive Team**

650-B Ronald Reagan Drive  
P.O. Box 498  
Evans, GA 30809

Phone: (706) 868-3303  
Fax: (706) 868-3343

General Information

Evaluations of applications are based on individual merit. Information **MUST BE COMPLETE** so that all applications can be given equitable consideration. All qualified applicants will receive consideration for membership regardless of race, color, religion, sex, age, national origin or disability. Columbia County EMA Dive Team will accept for membership only authorized workers, regardless on national origin.

You must print, sign, and date your application in ink. Incomplete applications will be rejected. Resumes are not accepted in lieu of a completed application. Applications remain active for six months after date of submission.

PERSONAL DATA

Name \_\_\_\_\_  
First Middle Initial Last Social Security #

Address \_\_\_\_\_  
Street Apt. # City State Zip Code

Date of Birth \_\_\_\_\_

Contact Numbers: Work ( ) \_\_\_\_\_ - \_\_\_\_\_ Home ( ) \_\_\_\_\_ - \_\_\_\_\_

Pager ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell ( ) \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_

Have you ever worked with a Dive Team or in emergency services? \_\_\_\_\_

When, Where, and type of work \_\_\_\_\_

\_\_\_\_\_

Driver License # \_\_\_\_\_

Expiration Date \_\_\_\_\_

**APPLICATION FOR MEMBERSHIP**  
**Columbia County Emergency Management Agency**  
**Dive Team**  
Page 2

Name \_\_\_\_\_  
First Middle Initial Last

Have you received any traffic citations in the past 3 years? \_\_\_\_\_  
Please indicate the type of offense and dates \_\_\_\_\_

Have you (since the age of 18) ever been convicted of or plead guilty or no contest to a misdemeanor? \_\_\_\_\_

Have you (since the age of 18) ever been convicted of or plead guilty or no contest to a felony? \_\_\_\_\_  
If **YES**, describe the circumstances:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been suspended, dismissed or asked to resign from any job? \_\_\_\_\_  
If **YES**, explain in detail: \_\_\_\_\_

\_\_\_\_\_

Can you be released from your place of employment for Dive Team operations if necessary?

Always \_\_\_\_\_ Most always \_\_\_\_\_ Occasionally \_\_\_\_\_ Never \_\_\_\_\_

Do you understand that the membership you are applying for is a volunteer position and that you will not receive any financial or material compensation for services rendered? \_\_\_\_\_

Do you understand that your signature on this application gives your consent and authorization to the Columbia County Emergency Management Agency Director to have a background investigation conducted by an appropriate law enforcement agency? \_\_\_\_\_

List any training and/or experience you have in SCUBA diving, boating, or emergency services (Such as: First Aid, CPR, SCUBA, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Statement of Applicant: I, \_\_\_\_\_, certify that the information and statements made on this application are true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



"An Internationally Accredited Agency"

## COLUMBIA COUNTY SHERIFF'S OFFICE

*Clay N. Whittle, Sheriff*  
2273 COUNTY CAMP ROAD  
POST OFFICE BOX 310  
APPLING, GEORGIA 30802-0310  
(706) 541-1043



### CRIMINAL HISTORY CONSENT FORM

NAME:

FIRST MIDDLE LAST MAIDEN

ADDRESS:

STREET P.O. BOX

CITY STATE ZIP CODE TELEPHONE NUMBER

RACE: SEX: HEIGHT: WEIGHT:

EYE COLOR: HAIR COLOR: DOB:

SSN: PLACE OF BIRTH:

REASON FOR REQUEST: Child Abuse (Case # ) \*must have copy of  
report attached

Neglect Adoption Foster Care Other

Special employment provisions (check if applicable)

- ☐ Employment with mentally disabled (Purpose code 'M')
- ☐ Employment with elder care (Purpose code 'N')
- ☐ Employment with children (Purpose code 'W')

I, , AUTHORIZE THE PERSON LISTED BELOW TO  
RECEIVE MY CRIMINAL HISTORY FROM THE COLUMBIA COUNTY SHERIFF'S OFFICE.

SIGNATURE

NAME OF AGENCY / INDIVIDUAL TO RECEIVE RECORD

\*\*\*\*\*THIS FORM MUST BE FILLED OUT COMPLETELY AND NOTARIZED FOR RELEASE OF  
INFORMATION\*\*\*\*\*

NOTARY SIGNATURE

"An Equal Opportunity Employer"

**STATE OF GEORGIA**  
**COUNTY OF COLUMBIA**

**RELEASE AND HOLD HARMLESS AGREEMENT**

I, \_\_\_\_\_ (name of applicant) being of lawful age, for myself, my representatives, successors or assigns, do hereby release and hold harmless and forever discharge COLUMBIA COUNTY ("County"), and their respective directors, officers, agents, employees, successors and assigns, and all other persons or organizations liable or who might be claimed to be liable from all actions, rights of actions, suits, claims, injuries, damages, and demands whatsoever, known and unknown, anticipated and unanticipated, past, present and future for any and all forms of damages, including all consequential and derivative damages resulting from or in any way growing out of the engagement of \_\_\_\_\_ (name of applicant) to participate on the Columbia County Emergency Management Agency Dive Rescue and Recovery Team ("Dive Rescue and Recovery Team").

I am a willing and voluntary participant on the Dive Rescue and Recovery Team. I understand that there are inherent risks involved in diving rescue and recovery, including, but not limited to, the failure of equipment, and risk of injury and death by drowning or other means. I further realize that diving rescue and recovery requires me to be in good physical condition. I hereby assume any risk to my health or property resulting from my participation on the Dive Rescue and Recovery Team.

This instrument as read and understood contains the entire agreement between the parties without any inducement, promise or representation other than herein set forth.

Undersigned hereby declares that the terms of this Release and Hold Harmless Agreement have been completely read and are fully understood and voluntarily accepted for the purpose of making a full and final release and discharge of any and all claims, disputed or otherwise, against the County on account of the damages and claims above mentioned, and for the express purpose of precluding forever any further or additional claims arising out of the aforesaid engagement and service of \_\_\_\_\_'s (name of applicant) participation in the Dive Rescue and Recovery Team.

IN WITNESS THEREOF, I have set my hand and seal this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**READ CAREFULLY BEFORE SIGNING**

Signed in the presence of:

---

Witness

---

**By:** \_\_\_\_\_

SWORN TO AND SUBSCRIBED

before me this \_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_.

---

Notary Public

My Commission Expires: \_\_\_\_\_

**Columbia County EMA Dive Team**  
**MEDICAL STATEMENT**  
Participant Record  
(Confidential Information)

**Please read carefully before signing.**

This is a statement in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during scuba activities. Your signature on this statement is required for you to participate in the Dive Team program offered by the Columbia County Emergency Management Agency Dive Team located in Columbia County, Georgia.

Read and discuss this statement prior to signing it. You must complete this Medical Statement, which includes the medical-history section, to participate with the EMA Dive Team. Diving is a demanding activity. When performed correctly, applying correct techniques, it is very safe. When established safety procedures are not followed, however, there are dangers. To scuba-dive safely, you must not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with heart trouble, a current cold or congestion, epilepsy, asthma, a severe medical problem, or who is under the influence of alcohol or drugs should not dive. If taking medication, consult your doctor before participation in this program. You will also need continually to follow the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury. You must be thoroughly instructed in its use to use it safely. If you have any additional questions regarding this Medical Statement or the Medical History section, review them with the Dive Chief or your SCUBA instructor before signing. **NO UNDER THE AGE OF 18 YEARS WILL BE ALLOWED AS A MEMBER.**

**MEDICAL HISTORY**

**To the Participant:**

The purpose of this medical questionnaire is to find out if your doctor should examine you before participating in recreational diver training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that a preexisting condition may affect your safety while diving and you must seek the advice of your physician. Please answer the following questions on your past or present medical history with a **YES** or **NO**. If you are not sure, answer **YES**. **If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving.** The EMA office will supply you with a Medical Statement and Guidelines for Scuba Diver=s Physical Examination to take to your physician.

- |   |  |
|---|--|
| <input type="checkbox"/> Could you be pregnant or are you attempting to become pregnant?  | <input type="checkbox"/> History of diving accidents or decompression sickness?                            |
| <input type="checkbox"/> Do you regularly take prescription or nonprescription medications? (with the exception of birth control)   | <input type="checkbox"/> History of recurrent back problems?   |
| <input type="checkbox"/> Are you over 45 years of age and have one or more of the following?  | <input type="checkbox"/> History of back surgery?  |
| <ul style="list-style-type: none"><li>▪ currently smoke a pipe, cigars, or cigarettes</li><li>▪ have a high cholesterol level</li><li>▪ have a family history of heart attacks or strokes</li></ul> | <input type="checkbox"/> History of diabetes?  |
|   | <input type="checkbox"/> History of back, arm or leg problems following surgery, injury or fracture?       |
|   | <input type="checkbox"/> Inability to perform moderate exercise (example: walk one mile within 12 minutes) |
|   | <input type="checkbox"/> History of high blood pressure or take medicine to control blood pressure?        |
| <b>Have you ever had or do you currently have:</b>  | <input type="checkbox"/> History of any heart disease?   |
| <input type="checkbox"/> Asthma, or wheezing with breathing, or wheezing with exercise?   | <input type="checkbox"/> History of heart attacks?   |
| <input type="checkbox"/> Frequent or severe attacks of hay-fever or allergy?  | <input type="checkbox"/> Angina or heart surgery or blood vessel surgery?                                  |
| <input type="checkbox"/> Frequent colds, sinusitis or bronchitis?   | <input type="checkbox"/> History of ear or sinus surgery?  |
| <input type="checkbox"/> Any form of lung disease?  | <input type="checkbox"/> History of ear disease, hearing loss or problems with balance?                    |
| <input type="checkbox"/> Pneumothorax (collapsed lung)?   | <input type="checkbox"/> History of problems equalizing (popping) ears with airplane or mountain travel?   |
| <input type="checkbox"/> History of chest surgery?  | <input type="checkbox"/> History of bleeding or other blood disorders?                                     |
| <input type="checkbox"/> Claustrophobia or agoraphobia (fear of closed or open spaces)?   | <input type="checkbox"/> History of any type of hernia?  |
| <input type="checkbox"/> Behavioral health problems?  | <input type="checkbox"/> History of ulcers or ulcer surgery?   |
| <input type="checkbox"/> Epilepsy, seizures, convulsions or take medications to prevent them?   | <input type="checkbox"/> History of colostomy?   |
| <input type="checkbox"/> Recurring migraine headaches or take medications to prevent them?  | <input type="checkbox"/> History of drug or alcohol abuse?   |
| <input type="checkbox"/> History of blackouts or fainting (full/partial loss of consciousness)?   |  |
| <input type="checkbox"/> Do you frequently suffer from motion sickness (seasick, carsick, etc.)?  |  |

**The information I have provided about my medical history is accurate to the best of my knowledge.**

---

Participant's Signature

---

Date (day/month/year)